

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Justice Democrats PAC		FEC IDENTIFICATION NUMBER ▼ C C00630665	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Shorestart, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2020	
Mailing Address PO Box 145		Amount 25000.00	
City Stone Harbor	State NJ	Zip Code 08247-0145	Transaction ID : VVAEWAQERC9
Purpose of Expenditure Non-Contribution Account - Media Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Shorestart, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address PO Box 145		Amount 25000.00	
City Stone Harbor	State NJ	Zip Code 08247-0145	Transaction ID : VVAEWAQERB1
Purpose of Expenditure Non-Contribution Account - Media Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2020
Name of Federal Candidate EASTMAN, KARA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	50000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Trent, Natalie, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 30 / 2020

Signature